

Iowa Department of Natural Resources

**Nuisance Wildlife Control Operator
Permit Application**

Applicant's Name:

Last First Initial

Address:

Street City State Zip Phone Number

Applicant's date of birth: _____ Years of trapping experience: _____
Month/day/year

Planning to do business as: _____
(Name of business)

Address of business if other than above: _____
Street City State Zip

Phone if other than above: (_____) _____

Email address: _____ Web site: _____

☐ Yes ☐ No I would like my business to be posted on the DNR Website

Signature of applicant: _____ Date: _____

Conservation Officer Signature: _____ Date: _____

Office use only:

Test score #1: _____ Date of test: _____ Officer initials: _____

Test score #2: _____ Date of test: _____ Officer initials: _____

If test failed: Explain timetable for re-testing

Send to Steve Derrand at Central Office:

- ☐ Completed application
☐ Completed test with score

- ☐ Signed copy of "Terms of Permit"
☐ \$25.00 Administration Fee

Multiple offender file checked: Date: _____ Officer Initials: _____